FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

pms/27/00

| COMMITTEE NAME (Must be same as on Statement of Org LINTON LABIB CONGREGE COM IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Political Subdivision Candidate (8) County PAC (9) City PAC (10) Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Candidate Name Office Sought | 2)State PAC (3)State Party | (Rev. 07/2004) REPORT For Office Use only Comm. # Logged In HAY 29 AM ID: 20 Scanned Computer Audited Late reports are subject to possible civil and criminal |
|--|--|---|
| Rabeut Salella SIGNATURE OF PERSON FILING REPORT | S63.2422735 TELEPHONE | penalties. 5-19-0 B DATE SIGNED |
| I AM FILING A MAY 19 (report date) | _ REPORT FOR (1) ELECTION /(2 Indicate by # [] | |
| □CHECK IF AMENDMENT TO REPORT DATED □ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed | of Dissolution Form DR-3. | If Committees, enter Date of Election Inty & Local Committees, enter County in the Election is held |
| STATEMENT | OF CASH ON HAND | |
| CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is file. | tal of all funds held by the | \$ 1947-14 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | • | |
| Schedule A: Cash Contributions total (Attach Schedu | ule A) (*also see in-kind below) | 185112 |
| Schedule F: Loans Received total (Attach Schedule | F) | ••• |
| Schedule H: Total Sales of Campaign Property (Atta | | |
| (Schedule H applies to Candidates' Comm | | |
| | SUB-TOTAL | \$ 1733,76 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) | , | 2/1 00 |
| | | |
| Schedule F: Loan Repayments total (Attach Schedul CASH ON HAND at the end of this reporting period (if final rep | ant halansa must | |
| be zero) (Attach DR-3)be zero) (Attach DR-3) | out palance must | s <u>1372,36</u> |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | | \$ |
| IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched | | |
| *OUTSTANDING LOANS (From Schedule F - Attach Schedu | | |
| CANDIDATE COMMITTEES ONLY: | , | |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | | YES NO |
| /ALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta | ch Schedule H) | <u> </u> |

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| COMMITTEE NAME | (Must be same as on Statement of Organization) |
|----------------|--|
| CLINTON L | ABOA CONFRESS-COMM, ON POLLEDUC |

| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
|-------------------------------|------------------------------|
| | CK THIS BOX IF NDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED | PAC ID NUMBER (if applicable) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* | AMOUNT RECEIVED | √ IF FOR |
|------------------|----------------------------------|---------------------------------|-------------------------------|--------------------|-----------------|
| (MM/DD/YR) | AND PAC CHECK NUMBER | | (if applicable) | RECEIVED | FUND- RAISER |
| | ID# | CLINTON LABOR CONFILESS | | | INCOME |
| 1-14-08 | CK# | BOX 461 CLINTON 1A | | 64,16 | |
| | ID# | CLINTON IA | | 1110 | |
| 1-21-08 | | SAME | | 56.96 | |
| | ID# | 37,7 | | | |
| 4-Z-08 | ł I | SAME | | 64,00 | |
| | ID# | | | | , |
| | CK# | | | | |
| | ID# | | | | |
| | CK# | | | | |
| | ID# | | | - | |
| | CK# | | - | | |
| | ID# | | | | |
| | CK# | | | | |
| | ID# | | · | | |
| | CK# | | | | |
| | ID# | | · | | |
| | CK# | | | | |
| | ID# | | | | |
| | CK# | | | | |
| <u> </u> | <u></u> | | SUB-TOTAL | | |

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
|--------------------------------|------------------------------|
| | CK THIS BOX IF NDING FORM |

| | | same as on Statement of Organization) | | |
|--------------------------------|--|--|---------------------------------------|--------------------|
| CLINA | ON LABOR | E CONRAGGS. COUMON | POLIBBUC, | |
| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
| 1-21-08 | ID# CK# \$55 | PO BOX 1367 DUBUGUE (A 5200) | PER CAPITA | \$360,00 |
| | ID# | - | • | |
| | ID# CK# | | | |
| | ID# | | | |
| | ID# | | 727 | |
| | CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | <u> </u> | | SUB-TOTAL | \$ |
| | | | TOTAL (if last page of this schedule) | \$360.00 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

| F | age | of |
|---|-----|----|
| | | |